

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 NOV 10 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

P01000032583

Lakes Kingdom IV inc.

2. Principal Office Address

14395 SW 139 ct.

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

Zip

33180

Country

US

3. Mailing Office Address

14395 SW 139 ct.

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

Zip

33180

Country

US

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐See 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor F. Seijas

Street Address (P.O. Box Number is Not Acceptable)

14395 SW 139 ct.

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.050 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/03/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MEM	VICTOR F. SEIJAS	14395 SW 139 CT #101	MIAMI, FL 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.B. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/05

Date

305-378-0123

Daytime Phone #

2053

CONTRERAS, JONASZ & CAMACHO P.A.

Attorneys and Counselors
4000 Ponce de Leon Blvd.
Suite 400
Coral Gables, Florida 33146

Gilbert A. Contreras
gc@cjclaw.net

Telephone: (786) 594-0180
Facsimile: (786) 594-0187

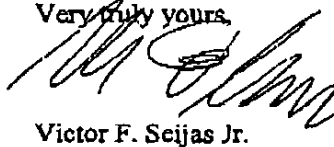
November 10, 2005

Secretary of the State of Florida
Cliston Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Lakes Kingdom IV Inc., a Florida corporation

In regards to the reinstatement we are having a problem with name availability. This letter shall confirm that Lakes Kingdom IV LLC, a Florida Limited Liability Company is affiliated with Lakes Kingdom IV Inc., a Florida corporation and hereby consents to the reinstatement of the aforementioned corporation and the use of name.

Very truly yours,



Victor F. Seijas Jr.

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1/2
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Florida Department of State
Division of Corporations
Public Access System

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REFRESH

From:

Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT

LAKES KINGDOM IV INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,200.00

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